

EXHIBIT F

1. List below the policy number(s) under which you are making a claim

460	01/98		
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2. Deceased Insured / Annuitant Information

Name of Deceased (First, Middle, Last) <u>Barbara Jean Brown</u>		Nickname or Maiden Name	
Date of Birth <u>1931</u>	Date of Death <u>08 27 2018</u>	Deceased's Country of Birth <u>USA</u>	
Was Deceased totally disabled at least 6 months prior to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cause/ Manner of Death	
If yes, date of onset of disability _____		Natural (check one) <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Heart Disease <input type="checkbox"/> Respiratory Disease <input type="checkbox"/> Other _____ If not Natural (check one) <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
Deceased's Social Security Number <u>2683</u>		State/Country of Residence at Time of Death <u>Arkansas</u>	

3. Beneficiary Information

Capacity under which you are making this claim CHECK ONE. REFER TO PAGE 4 FOR DESCRIPTIONS.

<input type="checkbox"/> Individual Beneficiary	<input type="checkbox"/> Custodian/Guardian/Conservator/ Power of Attorney	<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> Estate Executor	<input checked="" type="checkbox"/> Trustee See page 11	<input type="checkbox"/> Collateral Assignee
Name (Individual, Minor, Corporation, Estate or Trust) <u>Barbara Jean Brown Living Trust</u>					<input type="checkbox"/> Male <input type="checkbox"/> Female (if applicable)
Relationship to Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> Other <u>Nephew</u>					
Date of Birth	Daytime Phone	Email			
	<u>817-979-7277</u>	<u>hslaw@swbell.net</u>			
Residential Address <u>5103 Chad Dr.</u> <u>Arlington</u> <u>Texas</u>					
Mailing Address <u>Same</u>					

Income Tax Certification

Enter your Social Security number if you are an individual beneficiary	Enter Taxpayer Identification number if claiming benefits as an estate, trust, or corporation
<input type="text"/>	<u>2059</u>

4. Children Certification

Complete this section if you have been informed that the beneficiary designation is listed as Children of the Insured or Children Born of Marriage, or if there are children under the age of 25 insured under a Children's Insurance Rider. Please list all children below. Attach an additional page if needed.

Name	Date of Birth	Parent 1
Address	Date of Death (if applicable)	Parent 2
Name	Date of Birth	Parent 1
Address	Date of Death (if applicable)	Parent 2

See next page for Payment of Death Benefit Proceeds Options and your Required Signature ►

5. Payment Options for Death Benefit Proceeds Please select one of the following options.

If no selection is made, proceeds will be sent in a Lump Sum Check (if applicable).

☒ **A Lump Sum Check**

☐ **B Settlement Alternatives** (Please check one.) ☐ Proceeds Left on Deposit ☐ Elected Income ☐ Guaranteed Life Income
☐ Inherited IRA (if selected, this must be done as a trustee-to-trustee transfer to the new custodian/institution with their paperwork)
☐ Other

The original life insurance contract may have specified that certain settlement alternatives are available for distributing the proceeds to the beneficiaries. Please refer to the original policy for a description of any alternatives. If the policy makes no mention of these, the death benefit proceeds will be distributed in a lump sum check.

FOR ANNUITIES ONLY

☐ **C Surviving Spouse Option** This option is available if you are a surviving spouse and the sole primary beneficiary of an individual tax-deferred annuity (not available on Tax Sheltered Annuities, Keogh Plans, or Pension Plans). If selected, please proceed to Section 7.

By not selecting this option, I acknowledge that I do not wish to take advantage of the special spousal tax-deferral option. I recognize that income taxes may be payable, and taxes may be withheld on some or all of the funds I receive.

☐ **D Continue Payments** (if applicable for Immediate Annuities and if available in the contract)

FOR LIFE INSURANCE ONLY

☐ **E Spouses's Paid-Up Insurance Option (SPPO)** If the primary beneficiary is the Insured's spouse or an eligible third party (such as a trust or an individual who is both the policyowner and the beneficiary), the primary beneficiary may be able to purchase a fully paid-up life insurance policy on the life of the spouse without underwriting or any medical questions, regardless of health. This option may also be available if the Insured's spouse dies at the same time as the Insured or within certain time limits, resulting in additional life insurance benefits. This is subject to the time limits set forth in the insurance policy.

*The New York version of the SPPO Rider is called the Rider Insured's Paid Up Insurance option (RPPO/RIPPO).

FOR ANNUITIES ONLY 6. Tax Withholding Section

If your Social Security number (if you are an individual beneficiary) or Taxpayer Identification number (if claiming benefits as an estate, trust, or corporation) is not furnished in Section 3, or if a withholding election is not selected, we are required by Federal law to withhold 10% of any taxable gain that may result from this transaction. Mandatory 20% Federal income tax must be withheld for all tax-sheltered annuity payments. Amounts withheld will not be refunded by New York Life.

I elect to have the following withholding option applied to this payment under this policy(s). (Please check only one option below.)

☒ **NO** Federal or State income taxes will be withheld

☐ **ONLY** Federal income taxes will be withheld
This option may not be available for residents of certain states.
See Income Tax Certification and Withholding section on page 6

☐ **BOTH** Federal and State income taxes will be withheld

☐ **ONLY** State income taxes will be withheld

If you elected any of the options above in which taxes will be withheld, you can specify the tax withholding percentage (%) of each withdrawal you would like to have applied to Federal and/or State income tax withholding. If a specific tax withholding amount is not indicated below, we will withhold 10% for federal tax purposes and the state's minimum withholding (if applicable). Please fill in items (1) and (2) below.

(1) I would like to apply _____% of the taxable portion to Federal Withholding.

(2) I would like to apply _____% of the taxable portion to State Withholding.

* If you elect to have Federal income tax withheld, we are required to withhold at least 10% of the taxable portion of the distribution. If your state requires withholding, we will withhold the state's minimum amount if you select an amount that is less than the minimum. Please see the Important State Income Tax Withholding Information on page 6 for more information.

7. Beneficiary Signature

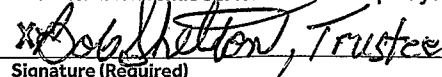
Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

Under penalties of perjury, I certify that: (1) my Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (includes a U.S. resident alien), and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

☐ Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Signature (Required)

Bob Shelton, Trustee
Name (Printed)

3-6-19
Date

☒

Signature (If required)

Name (Printed)

Date



New York Life Insurance Company
New York Life Insurance and Annuity Corporation
(A Delaware Corporation)
51 Madison Avenue, New York, NY 10010

NYLIFE Insurance Company of Arizona
(Not licensed in every state)
4343 North Scottsdale Rd, Suite 220
Scottsdale, AZ 85251

Confirmation of Trust (Complete ONLY if beneficiary of policy is a TRUST)

A copy of the Title, Signature, and Notary pages of the trust agreement, including the pages showing the trustee and successor trustee information may be required.

Policy Numbers:

460	018		
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Deceased Annuitant/Insured Name (First, Middle, Last) <i>Barbara Jean Brown</i>		
Name of Trust <i>Barbara Jean Brown Living Trust</i>		
Date of Trust Agreement <i>May 29, 2018</i>	Tax Identification Number <i>2059</i>	State where trust was established

Please select the statement below that applies:

<input checked="" type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that no oral or written notification has been received that the trust agreement dated <i>May 29, 2018</i> has been revoked or amended.	or	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____ has been revoked.	or	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____ was last amended on _____.
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If there are additional amendments, please provide all dates. <i>March 9, 1998; April 23, 2015; August 18, 2017</i>

Was this trust created as a grantor trust for federal income tax purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

If acting as successor trustee(s), please also complete the following statement:

The undersigned successor trustee(s) hereby certifies/certify that the original trustee(s),

Original Trustee(s) Name(s) <i>Barbara Jean Brown</i>
--

is/are no longer serving as trustee(s).

I/We certify that the right to serve as trustee(s) has not been revoked or renounced. The following signatory(s) has/have been appointed as trustee(s) and is/are the only acting trustee(s) for the aforementioned trust agreement

Trustee Name (Please print) <i>Bob Shelton</i>	Trustee's Signature <i>X Bob Shelton</i>	Date <i>3-6-19</i>
Trustee Name (Please print)	Trustee's Signature <i>X</i>	Date
Trustee Name (Please print)	Trustee's Signature <i>X</i>	Date
Trustee Name (Please print)	Trustee's Signature <i>X</i>	Date

If the trust has more than one trustee or successor trustee, please have all sign in the space provided above.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Barbara Jean Brown Living Trust

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- ☐ Individual/sole proprietor or single-member LLC
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
- ☐ G Corporation
- ☐ S Corporation
- ☐ Partnership
- ☒ Trust/estate
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- ☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

5703 Chad Dr

6 City, state, and ZIP code

Arlington, Texas 76017

7 List account number(s) here (optional)

7439460 74740198

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
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or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

Bob Shotton, Trustee

Date

3-6-19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.





330708100

 ARKANSAS DEPARTMENT OF HEALTH
 Vital Records

CERTIFICATE OF DEATH

FILE NUMBER 2018020274

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BARBARA JEAN BROWN				2. SEX FEMALE		3a. DATE OF DEATH AUG. 27, 2018		3b. TIME OF DEATH 06:20 PM	
4. SOCIAL SECURITY NO. [REDACTED] 2683		5a. AGE at Last Birthday (Years) 87		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH [REDACTED] 1931	
7a. RESIDENCE STATE or FOREIGN COUNTRY ARKANSAS				7b. COUNTY NEVADA		7c. CITY OR TOWN PRESCOTT			
8a. NUMBER AND STREET 118 RIDGEWOOD RD				8b. APT. NO.		8c. ZIP CODE 71857-2803		8d. INSIDE CITY LIMITS? YES	
9. EVER IN US ARMED FORCES? NO		10. MARITAL STATUS AT TIME OF DEATH MARRIED				11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.) HERMAN BROWN			
12a. IF DEATH OCCURRED IN A HOSPITAL				12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME				12c. COUNTY OF DEATH NEVADA	
12d. FACILITY NAME (If not institution, give number & street) HOME				12e. CITY OR TOWN PRESCOTT				12f. ZIP CODE 71857-2803	
13. FATHER'S NAME (First, Middle, Last) MARCUS NEWTON SHELTON				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) LAURA JANE WALKER					
15a. INFORMANT'S NAME HERMAN BROWN				15b. RELATIONSHIP TO DECEDENT HUSBAND		15c. MAILING ADDRESS (Number and Street or P.O. Box, City, State, Zip Code) 118 RIDGEWOOD RD, PRESCOTT, AR, 71857-2803			
16a. METHOD OF DISPOSITION BURIAL				16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PINEY GROVE CEMETERY					
17a. EMBALMER'S NAME CARLTON EDWARD MCKINNON				17b. EMBALMER'S LICENSE # 21333		17c. SIGNATURE (FURNERAL SERVICE LICENSEE OR OTHER AGENT) /s/ BEN L BRAZZEL			
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BRAZZEL-CORNISH MORTUARY 1196 HWY 371, PRESCOTT, AR, 71857				17e. LICENSE # 070					
18a. DATE PRONOUNCED DEAD AUG. 27, 2018		18b. TIME PRONOUNCED DEAD 06:20 PM		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) DAVID JAMES GUMMESON, CORONER				19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	
20. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. UNKNOWN NATURAL CAUSES Due to (or as a consequence of) b. COMPLICATIONS FROM NEOPLASM OF THE STOMACH Due to (or as a consequence of) c. N/A Due to (or as a consequence of) d. N/A Due to (or as a consequence of)				APPROXIMATE INTERVAL: Onset to Death UNKNOWN MONTHS N/A N/A					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: UNKNOWN				21a. WAS AN AUTOPSY PERFORMED? NO		21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
22. MANNER OF DEATH NATURAL				23. DID TOBACCO USE CONTRIBUTE TO DEATH? NO					
24. IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR									
25a. DATE OF INJURY (Mo/Day/Yr)		25b. TIME OF INJURY		25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				25d. INJURY AT WORK?	
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)				25f. IF TRANSPORTATION INJURY, SPECIFY					
25g. DESCRIBE HOW INJURY OCCURRED:									
26a. CERTIFIER (Check only one): <input type="checkbox"/> Coroner If on the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				SIGNATURE: /s/ DAVID JAMES GUMMESON TITLE: CORONER DATE: AUGUST 29, 2018					
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) DAVID JAMES GUMMESON, CORONER 1509 NEVADA, PRESCOTT, AR, 71857				26c. LICENSE #					
27a. SIGNATURE OF REGISTRAR Shirley Louie				27b. FOR REGISTRAR ONLY - DATE FILED AUG. 29, 2018					

* DENOTES AMENDED ITEMS


 THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON
 FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

SEP 10 2018

 Shirley Louie
 State Registrar

6217852

6217852



WARNING:

 A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT
 UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT.
 IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VR-112

ORIGINAL
K.E.

BOB J. SHELTON, P.C.

Attorney at Law
5103 Chad Dr.
Arlington, Texas 76017
(817) 654-0277
bjslaw@swbell.net

Bob J. Shelton
BOARD CERTIFIED-ESTATE PLANNING AND PROBATE
TEXAS BOARD OF LEGAL SPECIALIZATION

FAX: (817) 338-1051
Mobile: (817) 929-7277

March 6, 2019

NY Life and Annuity Corporation
Death Benefit Proceeds Administration
P.O. Box 130539
Dallas, Texas 75313-0539

Re: Barbara Jean Brown Living Trust Claims
Policy # [REDACTED] 460 Value \$14,058.27
Policy # [REDACTED] 0198 Value \$33,187.56

Gentlemen:

There was only one trust that was amended and restated as identified in the enclosed Certification of Trust. The following documents are provided for the second time, which was originally requested in Gina Cromwell's letter of January 4, 2019, and responded to on January 8, 2019:

1. Copy of letter to Gina Cromwell dated January 8, 2019;
2. Death Benefit Proceeds form completed by the trustee with the trust information, including the Trust's EIN;
3. Certification of Trust, including the Trust's EIN, with copy of the title, signature, and notary pages of the trust;
4. Original Death Certificate (only one provided due to only one Trust and another has been provided to NY life on claim for Long Term Disability policy with claims submitted December 13, 2018 and letter to Cromwell);
5. Confirmation of Trust, including the Trust's EIN, completed by the Trustee, Bob Shelton; and
6. IRS form W-9 completed with the trust information including again the Trust's EIN, and signed by the Trustee, Bob Shelton.

The Trust is not being provided due to the confidentiality of the information contained therein. The Certification of Trust is provided as the legal document for the Trust.

If you have any questions or comments please contact the undersigned.

Respectfully,


Bob Shelton, Trustee

cc: Paula Brown

BOB J. SHELTON, P.C.

Attorney at Law
5103 Chad Dr.
Arlington, Texas 76017
(817) 654-0277
bjslaw@swbell.net

Bob J. Shelton
BOARD CERTIFIED-ESTATE PLANNING AND PROBATE
TEXAS BOARD OF LEGAL SPECIALIZATION

FAX: (817) 338-1051
Mobile: (817) 929-7277

January 8, 2019

Gina M. Cromwell
NY Life
13501 Chenal Parkway
Suite 200
Little Rock, Arkansas 72211

Re: Barbara Jean Brown Trust & Estate Claims
Policy # [REDACTED] 460 Value \$14,058.27
Policy # [REDACTED] 0198 Value \$33,187.56

Ms. Cromwell:


There was only one trust that was amended and restated as identified in the enclosed Certification of Trust. The following documents are provided as requested in your letter of January 4, 2019:

1. Original Death Certificate (only one provided due to only one Trust and another has been provided to NY life on claim for Long Term Disability policy with claims submitted December 13, 2018)
2. Certification of Trust
3. Letters Testamentary

The Trust is not being provided due to the confidentiality of the information contained therein. The Certification of Trust is provided as the legal document for the Trust.

If you have any questions or comments please contact the undersigned.

Respectfully,


Bob J. Shelton, Trustee and Independent Executor

cc: Paula Brown

Certification of Trust

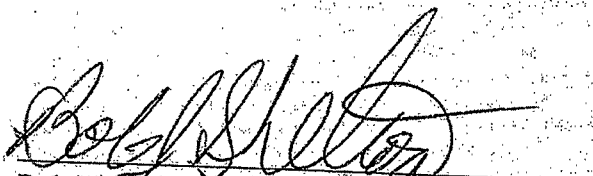
Barbara Jean Brown Living Trust

The currently acting Trustee of the Barbara Jean Brown Living Trust, Dated May 29, 2018, which is the restatement of the trust dated March 9, 1998, restated on April 23, 2015, and restated on August 17, 2017, declares as follows:

1. The Grantor of the trust was Barbara Jean Brown.
2. The trust is irrevocable due to the passing of Barbara Jean Brown on August 27, 2018.
3. The currently acting Trustee of the trust is :
Bob Shelton
5103 Chad Drive
Arlington, Texas 76017
817-929-7277
bjslaw@swbell.net
4. The Trustee may conduct business on behalf of the trust without the consent of any other person or entity.
5. The tax identification number of the trust is 83-6432059.
6. Assets held in the trust may be titled in any manner that identifies the Trustee and the name and date of the trust, for example:
Bob Shelton, Trustee of the Barbara Jean Brown Living Trust dated May 29, 2018, which was amended and restatement from the trusts identified above.
7. The powers of the Trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, brow, manage, and deal with real and personal property interests of all kinds, including accounts at financial institutions.
8. Excerpts from the trust agreement that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request.
9. The trust agreement provides that a third party may rely on this Certification of Trust in lieu of a copy of the trust agreement. It further exonerates third parties from any liability for acts or omissions in reliance on the Certification of Trust, and for the application that the Trustee makes of funds or other property delivered to the Trustee.

The statements made above are accurate and the trust has not been revoked or amended in any way that would cause the representation in this Certification of Trust to be incorrect. All of the currently acting Trustees of the trust are identified above and are signatories to this Certification of Trust.

Dated: November 2, 2018

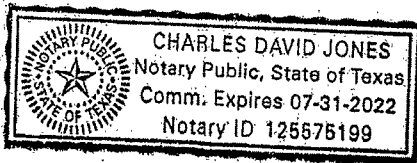

Bob Shelton, Trustee

STATE OF TEXAS §

COUNTY OF TARRANT §

Before me, the undersigned Notary Public, on this day personally appeared Bob Shelton, known to me (or proved to me through identification) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this 2nd day of November, 2018.



Charles David Jones
Notary Public, State of Texas
My commission expires 7-31-2022

Barbara Jean Brown Living Trust

Article One Establishing My Trust

On March 9, 1998, I established the Barbara Jean Brown Living Trust, wherein I reserved the right to amend the trust agreement, in whole or in part. On this day, May ____, 2018, I now exercise my power to amend that agreement, in its entirety, so that after amendment, the Barbara Jean Brown Living Trust is restated as provided in this trust agreement.

The parties to this restated agreement are Barbara Jean Brown (the "Grantor") and Barbara Jean Brown (my "Trustee"), joined herein by her husband Herman Brown to evidence his agreement hereto.

By this agreement I intend to create a valid trust under the laws of Arkansas and under the laws of any state in which any trust created under this agreement is administered.

Section 1.01 Identifying My Trust

My trust is called the "Barbara Jean Brown Living Trust." However, the following format should be used for taking title to assets: "Barbara Jean Brown, Trustee of the Barbara Jean Brown Living Trust, dated March 9, 1998, and any amendments thereto."

During any period that my trust is a Grantor Trust, the taxpayer identification number of my trust may be my Social Security number, in accordance with Treasury Regulation Sections 301.6109-1(a)(2)(i)(B) and 1.671-4(b)(2)(i)(A).

Section 1.02 Third-Party Reliance on Affidavit or Certification of Trust

My Trustee may provide an affidavit or certification of trust to third parties in lieu of providing a copy of this agreement. Third parties are exonerated from any liability for acts or omissions in reliance on the affidavit or certification of trust, and for the application that my Trustee makes of funds or other property delivered to my Trustee.

Section 1.03 Transferring Property to My Trust

By execution of this agreement, I transfer, convey, and assign to my Trustee, the trust property described on Schedule A, attached to this agreement, and my Trustee accepts and agrees to hold such property under the terms of this agreement. My Trustee may accept any additional property transferred to my trust, at any time, including as the result of a beneficiary designation.

To the extent Arkansas law allows, any joint tenancy interest conveyed to my trust will sever the joint tenancy, creating a separate property interest.

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Section 3.03 Trustee Succession After Death

After my death, I appoint Bob Shelton to serve as Trustee of my trust, replacing the serving Trustee, during the course of administration and over any trust created under this agreement where the trustee is not specified below.

Upon creation of each trust identified below, I appoint the following to serve as Trustee of the identified trust:

For the William Herman Brown Trust, I appoint William Herman Brown.

For the Paula Jean Brown Trust, I appoint Paula Jean Brown.

For the Sharon Kay Britton Trust, I appoint Sharon Kay Britton.

For the Judy Diann Brown Trust, I appoint Judy Diann Brown.

For the Robert William Brown Trust, I appoint the following, in the order named:

First: William Herman Brown

Second: Robert William Brown

For the Samantha Brown Trust, I appoint the following, in the order named:

First: William Herman Brown

Second: Samantha Brown

Section 3.04 Trustee Resignation, Removal, and Appointment

If I am serving as Trustee, I may resign and appoint a replacement at any time. Any other Trustee may resign by giving notice to me, or if I am incapacitated, to my agent. If I am deceased, a resigning Trustee will give notice to the income beneficiaries of the trust and to any other Trustee then serving.

Any of the following may remove and replace any Trustee and fill a Trustee vacancy, with or without cause, at any time:

- (i) me;
- (ii) if I am incapacitated, a majority of my children;
- (iii) if I am incapacitated, the person acting as my agent under a power of attorney for property;
- (iv) the Trust Protector;
- (v) if I am incapacitated, the person court-appointed for me as Guardian;

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- (vi) the primary beneficiary of any trust created under this agreement as it relates to the Trustee of that trust; or
- (vii) a court, upon petition by a beneficiary, so long as the court does not acquire jurisdiction over the trust in excess of that necessary for the action requested.

Anyone listed may act and may negate the actions of those further down in the list. A primary beneficiary may not be self-appointed as Trustee. A Trust Protector may not be self-appointed as Trustee and may not simultaneously serve as Trust Protector and Trustee.

The right to remove a Trustee under this Section may not be deemed to grant to any person holding that right any of the powers of that Trustee. If a beneficiary is a minor or is incapacitated, the parent or legal representative of the beneficiary may act on behalf of the beneficiary.

The replacement of a Trustee under this Section 3.04 does not invoke the Trustee succession provisions of Section 3.02 or Section 3.03, rather the name of the appointed Trustee under this Section replaces the name of the removed Trustee under the Trustee succession provisions.

Notice of removal must be in writing and delivered to the Trustee being removed, to any other Trustees then serving, and to the primary beneficiary of the trust. The removal will become effective according to the provisions of the written notice.

Notice of appointment must be in writing and delivered to the appointed Trustee, to any other Trustees then serving, and to the primary beneficiary of the trust. The appointment will become effective at the time of acceptance by the appointed Trustee.

Other than me and anyone who otherwise has a then-exercisable general power of appointment over the trust in question, if any person holding the power to remove and replace a Trustee or fill a Trustee vacancy is a transferor or beneficiary (as defined in Section 12.06(j)) of the trust in question, then a replacement Trustee or a Trustee to fill a vacancy, may only be appointed with a Trustee that is not related or subordinate to the person within the meaning of Section 672(c) of the Internal Revenue Code; and if a Trustee is removed and a replacement Trustee is appointed, the replacement Trustee must commence service simultaneously with the removal of the removed Trustee.

Section 3.05 Prohibition Against SNT Beneficiary Serving as Trustee

Notwithstanding any other provision of this agreement, under no circumstances may the beneficiary of a share of my trust estate that is being administered pursuant to the terms of Article Nine, entitled "Supplemental Needs Trust," serve as Trustee of that share.

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reader. They have no significance in the interpretation or construction of this agreement.

(c) Governing Law

Unless the Situs of Administration is changed as provided in Section 12.05, Arkansas law governs the validity and construction of this agreement.

(d) Severability

The invalidity or unenforceability of any provision of this agreement shall not affect the validity or enforceability of any other provision of this agreement.

Grantor and Trustee

I hereby execute this agreement on April 23, 2015.

I certify that I have read this agreement, that I understand it, and that it correctly states the provisions under which the trust property is to be administered and distributed by my Trustee.

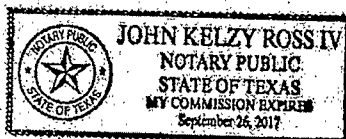
Barbara Jean Brown
Barbara Jean Brown, Grantor and Trustee

Herman Brown
Herman Brown

STATE OF TEXAS)
COUNTY OF BOWIE)

Before me, John K. Ross, IV, Notary Public, on this day personally appeared Barbara Jean Brown and Herman Brown, known to me (or proved to me through identification) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this day, April 23, 2015.



[Signature]
Notary Public, State of Texas
My commission expires 09/26/2017

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Schedule A

Ten Dollars Cash

100% ownership interest in Bobbi Brown, LLC.

TRACT I:

All of Lot 11 of Ridgewood Subdivision #1 to the City of Prescott, Arkansas, according to the Official Plat of said subdivision which was filed for record on the 25th day of January A.D., 1977, at the hour of 9:00 o'clock A.M. and is now of record in Book 257 at Page 98 of the Deed, Plat and Miscellaneous Records of Nevada County, Arkansas in the office of the Circuit Clerk and Ex-Officio Recorder of said County; SUBJECT TO all of the easements, covenants, conditions, restrictions and provisions contained in that certain "Dedication and Bill of Assurance" containing Protective Covenants for Ridgewood Subdivision No. 1 to the City of Prescott, Nevada County, Arkansas.

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